

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 4				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-11-044			Contract Period   06/06/2011   To   06/05/2013 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name CCDS Pollutant Reduction Metho				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW Task Area VII - Planning, Measurement, Program Man					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   09/19/2011   To   09/30/2012				
Comments: The purpose of this work assignment is to assist with support and analysis with the Case Conclusion Data Sheet (CCDS). EPA anticipates 687 hours of effort will be required for this work assignment.										
<input type="checkbox"/> Superfund    Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:                      Cost/Fee:                      LOE: 06/06/2011   To   06/05/2013										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:                      Cost/Fee:                      LOE:										
Cumulative Approved:                      Cost/Fee:                      LOE:										
Work Assignment Manager Name   Donna Inman  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number   202-564-2511 FAX Number:			
Project Officer Name   Willie Griffin  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number: 202-564-2077 FAX Number:			
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name   Cara Lynch  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number: 202-564-4734 FAX Number:			